SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION—ETCL! DOGGENE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID PRIVET, TO CONTROL REPORTS OF CONTROL PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 30-40 Wende Rd. Ro. Box 1187 Alden NV 1400V-11 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 MATTHEW JOHN MATAGENNO, 183762 Central New York Psychiatric Center Number of parties to be served in this case MARCH NY 13403 - 0300 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Allernate A
PLAINTIFF MATTHEW JOHN MATAGRAMS COURT CASE NUMBER DS CV 1459 (OWH) (C DEFENDANT REGINA MILES MO CH. ALLAI NAME OF INDIVIDUAL, COMPANY, CORPORATION—ETC! DEGENE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID Privet, Forenste Wenter Chief Venet Carections for ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 30-40 Wende Rd. Ro. Box 1187 Alden NV 1400V-1, SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Number of process to be served with this Form - 285 MATTHEW JOHN MATAGRANO, 183762 Central New York Psychiatric Center Number of parties to be served in this case MARCH NY 13403 - 0300 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
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REGINA MILES MD CT. QL AT SUMMON S. COMPLAIN SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION-ETCHOROGENE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN LATTICE OF SERVICE OF RFD, Apartment No., City, State and ZIP Code; AT 30-40 Wende Rd. Ro. Box 1187 And Number of process to be served with this Form - 285 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 MATTHEW JOHN MATAGEANO, 183762 Central New York Psychiatric Center Number of parties to be served in this case MARCY NY 13403 - 0300 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available For Service):
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NAME OF INDIVIDUAL, COMPANY, CORPORATION—ETC! OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID Privet, Forential Region Research of the Vence Correction of Property To Seize or Condemn David Privet, Forential Region Region Research of Property To Seize or Condemn David Privet, Forential Region Regi
David Privet, Forens Telegraphic Chief Wende Correction of ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 30-46 Wende Rd. Po. Box 1187 Adam NV 1400V-1. SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Number of process to be served with this Form - 285 MATTHEW JOHN MATAGEANO, 183762 Central New York Psychiatric Center Number of parties to be served in this case 14 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
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Po. Box 300 MARCY NY 13403 - 0300 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
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Telephone Numbers, and Estimated Times Available For Service):
Telephone Numbers, and Estimated Times Available For Service):
Signature of Attorney or other Originato Asquesting service on behalf of: DATE TELEPHONE NUMBER DATE
Water 6 1/15/06
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE
I acknowledge receipt for the total Total Process District District Signature of Authorized USMS Deputy or Clerk Date
number of process indicated. (Sign only first USM 285 if more of Origin to Serve
than one USM 285 is submitted) No No
I hereby certify and return that I \(\subseteq \) have personally served, \(\subseteq \) have legal evidence of service. \(\subseteq \) have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) Date of Service Time a
1/19/07
Signature of U.S. Marshal or Deputy
R Clarke
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund
(including endeavors)
8,00 60,8 7
REMARKS:

service via regular mail 12/29/06 USM 299 received 1-24-07 **U.S. Department of Justice**United States Marshals Service
Northern District of New York
PO Box 7260 Syracuse, NY 13261



STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT

A. STATEMENT OF SERVICE BY MAIL

United States District Court for the Northern District of New York

				12 11011 10211				
TO:	Wende PO Box		cility		05-CV-145			
The er	nclosed s	NY 14404 summons and compla of the New York O	aint are served Livil Practice I	Regina Mil pursuant to Fed. aw and Rules.	es, et al R. Civ. P.	4(e)(l) and	
and co comple should	To avoi emplete te eted form keep a	d being charged with the acknowledgment to the sender with copy for your reasonable do so as s	th the expense part of this f thin thirty (30)	of service upon your and mail or deduced days from the day	+A TTOLL WOOD	i i+	. **	
If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.								
necess the da	SILY TO A	urn of this stat enswer the complai all or deliver thi	.nt. The time i	to answer evnires	ot relieve thirty(30)	you d days	of the after	
If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.								
I decl Summon	are, und s and Co	er penalty of per omplaint by Mail w	jury, that this as mailed on De	Notice and Acknown cember 29, 2006. Signature (USM)	A		ipt of	
B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT								
I received the summons and complaint in the above-referenced matter.								
CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)								
I am not in military service of the United States. I am in military service of the United States, and my rank, serial number and branch of service are as follows: Rank:								
		Serial Num Branch of	Service:			181		
TC	BE COM	PLETED REGARDLES	S OF MILITARY	STATUS :		_		
		the above as tru	e under penalt			JKN 24	NO.	
			Signature A. Print Name	Durfee				
÷			Date of Signa	ture		-		
			Deputy Coun	sel for Liter	acting Nath Nother to	<u>//S0/</u> Rece:	<i>M </i>	